

Bladder Advanced Case #1 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIONALE/DOCUMENTATION	
PATIENT IDENTIFICATION			
1	Medical Record #	888803	From record
2	Accession #	2007xxxxx	
3	Sequence #	00	No history other malignancies
4	Patient Name	Rogers, Roberta	From record
5	Race 1	01	White per Uro Consult 11/18/07
6	Spanish Origin	0	No mention of Hispanic origin
7	Sex	2	Female
CANCER IDENTIFICATION			
8	Class of Case	1	Dx at facility
9	DATE 1st Contact	11/18/2007	Admit through ER
10	DATE Initial Dx	11/21/2007	Dx on TURB surgery
11	Primary Site	C670	Op 11/21/07 describes tumor at bladder base
12	Laterality	0	Not paired organ site
13	Histology	8120	Urothelial carcinoma (TURB, Cystectomy)
14	Behavior	3	Malignant, primary site
15	Grade	4	High grade (Grade 3 of 3) per 11/21 path report and 2/02/2008 CAP Protocol
16	Diagnostic Confirmation	1	Path report
17	Ambiguous Terminology Dx	0	Definitive statement malignancy (path report)
18	Date of Conclusive Dx	88/88/8888	Dx made with definitive statement
19	Date of Multiple Tumors	00/00/0000	Single tumor
20	Mult Tumors Reported as 1 Prim	00	Single tumor
21	Multiplicity Counter	01	1 tumor only
STAGE OF DISEASE AT DIAGNOSIS			
22	DATE Surg Dx/Stage Procedure	00/00/0000	No Surg Dx/Stage procedure
23	Surg Dx/Stage Procedure Code	00	No Surg Dx/Stage procedure
24	Clinical T	2	TURB info: muscle invasion
25	Clinical N	0	CT scan mentioned w/o adenopathy noted
26	Clinical M	0	No distant organ involvement noted on CT scan
27	Clinical Stage Group	2	(T2N0M0)
28	Clinical Stage Descriptor	0	No descriptors
29	Clinical Staged By	6	Pathologist & Registrar
30	Pathologic T	3b	Extravesicular mass per path report
31	Pathologic N	0	Lymph nodal tissue negative
32	Pathologic M		Leave blank per I&R
33	Pathologic Stage Group	3	(T3b N0 cM0)
34	Pathologic Stage Descriptor	0	No descriptors
35	Pathologic Staged By	1	Med Onc consult 2/8/08
36	SEER Summary Stage 2000	2	Regional direct extension
COLLABORATIVE STAGING			
37	CS Tumor Size	032	3.2 cm per path report
38	CS Extension	42	Extravesicular mass on path report
39	CS Tumor Size/Ext Eval	3	Cystectomy w/o neoadjuvant therapy
40	CS Lymph Nodes	00	Lymph nodal tissue negative
41	CS Reg Nodes Eval	3	Lymph nodal tissue excision
42	Regional Nodes Positive	00	LN tissue negative
43	Regional Nodes Examined	97	LN dissection w/o exact number of nodes
44	CS Mets at Dx	00	No distant mets documented
45	CS Mets Eval	0	Clinical information
46	CS Site-Specific Factor 1	888	Not applicable
47	CS Site-Specific Factor 2	888	Not applicable

Bladder Advanced Case #1 Answer Sheet

48	CS Site-Specific Factor 3	888	Not applicable
49	CS Site-Specific Factor 4	888	Not applicable
50	CS Site-Specific Factor 5	888	Not applicable
51	CS Site-Specific Factor 6	888	Not applicable
FIRST COURSE OF TREATMENT (FCOT)			
52	DATE of FCOT	11/21/2007	TURB first treatment
53	DATE 1st Surgical Procedure	11/21/2007	TURB 1 st surgical procedure
54	DATE Most Definitive Surg Primary	02/02/2008	Cystectomy
55	Surg Procedure Primary Site	71	Radical cystectomy with a previous hysterectomy (per OP Report) We include hysterect in code to reflect patient's current status; If registry software able to record >1 surgery, also code 27 for TURB
56	Surg Margins Primary Site	0	Uninvolved per path report
57	Scope Regional LN Surgery	3	Number LNs not documented
58	Surg Procedure Other Site	0	No other surgery
59	DATE Surg Discharge	02/xx/2008 vs 02/99/2008	No date noted on discharge summary, but chart would have more specific information
60	Readmit Same Hosp w/in 30 Days	0	No readmit documented
61	Reason NO Surg Primary Site	0	Surgery done
62	DATE Radiation Started	00/00/0000	Not done
63	DATE Radiation Ended	00/00/0000	Not done
64	Location of Radiation Treatment	0	Not done
65	Radiation Treatment Volume	00	Not done
66	Regional Treatment Modality	00	Not done
67	Regional Dose: cGy	00000	Not done
68	Boost Treatment Modality	00	Not done
69	Boost Dose: cGy	00000	Not done
70	Number Treatments per Volume	00	None
71	Radiation/Surgery Sequence	0	Only surgery done
72	Reason NO Radiation	1	Not part of FCOT
73	DATE Systemic Therapy Started	00/00/0000	Not done
74	Chemotherapy Code	00	Not done
75	Hormone Code	00	Not done
76	Immunotherapy Code	00	Not done
77	Hematologic Trspl & Endo Code	00	Not done
78	Systemic/Surgery Sequence	0	No sequence
79	DATE Other Treatment Started	00/00/0000	No other treatment
80	Other Treatment Code	0	Not done
81	Palliative Treatment Code	0	Not done
RECURRENCE			
82	DATE 1st Recurrence	00/00/0000	No recurrence documented
83	Type 1st Recurrence	00	No recurrence documented
84	DATE Last Contact/Death	02/08/2008	Consult date (would have better date from chart for discharge summary)
85	Vital Status	1	Pt alive
86	Cancer Status	1	No evidence disease, curative tx given
CASE ADMINISTRATION			
87	Is Case Complete?	Yes	Per 2/8 Med Onc Consult: no additional treatment.